

Please type a plus sign (+) inside this box →

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U S Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Number	<i>Praxis -3</i>
		First Named Inventor	<i>Milbicker, M.</i>
COMPLETE IF KNOWN			
		Application Number	
		Filing Date	
		Group Art Unit	
		Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Surgical Repair of Tissue Defects

(Title of the Invention)

the specification of which

 is attached hereto

OR

 was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

(if applicable).

Application Number and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

[Page 1 of 23]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

DECLARATION—Utility or Design Patent Application

Direct all correspondence to: Customer Number _____ OR Correspondence address below

Name Donald N. Halgren

Address 35 Central St

Address

City Manchester State MA ZIP 01944

Country US Telephone 978-526-8000 Fax 978-526-8414

I hereby declare that all statements made herein of my own knowledge are true and that all statements made or information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor

Given Name Michael Family Name or Surname Milbocker

Inventor's Signature  Date 8-14-07

Residence: City Holliston State MA Country USA Citizenship USA

Mailing Address 1110 Washington St

Mailing Address
City Holliston State MA ZIP 01746 Country USANAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor

Given Name Michael Family Name or Surname Milbocker

Inventor's Signature Date

Residence: City State Country Citizenship

Mailing Address

Mailing Address
City State ZIP Country Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS
DESIGNATING THE U.S. FOR BENEFIT UNDER 35 USC 120:

U.S. APPLICATIONS		Status (check one)		
U.S. APPLICATIONS	U.S. FILING DATE	Patented	Pending	Abandoned
1.0 91692, 963	10/20/2000		X	
2.0 /				
3.0 /				
PCT APPLICATIONS DESIGNATING THE U.S.				
PCT APPLICATION NO.	PCT FILING DATE	U.S. APPLICATION NOS. ASSIGNED (if any)		
4. _____		0 / _____		
5. _____		0 / _____		
6. _____		0 / _____		

(Added Page to Combined Declaration and Power of Attorney for Divisional,
Continuation or C-I-P Application [1-2.1]—page 2 of 31
3 3

Practitioner's Docket No. Proxis-3**PATENT**

<input checked="" type="checkbox"/> Applicant	<input type="checkbox"/> Pattee _____
<input type="checkbox"/> Application No. _____	<input type="checkbox"/> Patent No. _____
<input type="checkbox"/> Filed on _____	<input type="checkbox"/> Issued on _____

Title: Surgical Repair of Tissue Defects

STATEMENT OF STATUS AS SMALL ENTITY
(37 C.F.R. § 1.27(a)(1))—INDEPENDENT INVENTOR

As a below named inventor, I hereby state that I qualify as an independent inventor, as defined in 37 C.F.R. § 1.27(a)(1), for purposes of paying reduced fees to the United States Patent and Trademark Office under Sections 41(a) and (b) of Title 35, United States Code, to the Patent and Trademark Office, with regard to the invention described in

the specification filed herewith, with title as listed above.
 the application identified above.
 the patent identified above.

I have not assigned, granted, conveyed or licensed, and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who would not qualify as a person under 37 C.F.R. § 1.27(a)(1), if that person had made the invention, or to any concern that would not qualify as a small business concern under 37 C.F.R. § 1.27(a)(2), or a nonprofit organization under 37 C.F.R. § 1.27(a)(3).

Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

No such person, concern, or organization exists.
 Each such person, concern or organization is listed below. *

**NOTE: Separate statements should be obtained from each named person, concern or organization having rights to the invention as to their status as small entities.*

FULL NAME Proxis, LLC
 ADDRESS 2 Maple Street P.O. Box 375
Mendon, MA 01756

INDIVIDUAL SMALL BUSINESS CONCERN NONPROFIT ORGANIZATION

FULL NAME _____

ADDRESS _____

INDIVIDUAL SMALL BUSINESS CONCERN NONPROFIT ORGANIZATION

FULL NAME _____

ADDRESS _____

INDIVIDUAL SMALL BUSINESS CONCERN NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 C.F.R. § 1.28(g)(2))

NOTE: "The presentation to the Office (whether by signing, filing, submitting, or later advocating) of any paper by a party, whether a practitioner or non-practitioner, constitutes a certification under § 10.18(b) of this chapter. Violations of § 10.18(b)(2) of this chapter by a party, whether a practitioner or non-practitioner, may result in the imposition of sanctions under § 10.18(c) of this chapter. Any practitioner violating § 10.18(b) may also be subject to disciplinary action. See §§ 10.18(d) and 10.23(c)(15)." 37 C.F.R. § 1.4(d)(2).

Michael Milbocker

Name of inventor



Date 8/14/01

Signature of Inventor

Name of inventor

Date _____

Signature of Inventor

Name of inventor

Date _____

Signature of Inventor

Applicant Pattee _____ Application No. _____ Patent No. _____ Filed on _____ Issued on _____Title: Surgical Repair of Tissue Defects**STATEMENT OF STATUS AS SMALL ENTITY**
(37 C.F.R. § 1.27(a)(2))—SMALL BUSINESS CONCERN

I hereby state that I am

 the owner of the small business concern identified below;
 an official of the small business concern empowered to act on behalf of the concern identified below:Name of Small Business Concern Praxis, LLCAddress of Small Business Concern 2 Maple Street
Mendon MA 01756

I hereby state that the above identified small business concern qualifies as a small business concern, as defined in 13 C.F.R. § 121, and in 37 C.F.R. § 1.27(a)(2), for purposes of paying reduced fees to the United States Patent and Trademark Office under Sections 41(a) and (b) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third-party or parties controls or has the power to control both.

I hereby state that rights under contract or law have been conveyed to, and remain with, the small business concern identified above, with regard to the invention described in

 the specification filed herewith, with title as listed above.
 the application identified above.
 the patent identified above.

If the rights held by the above-identified small business concern are not exclusive, each individual, concern or organization having rights in the invention is listed below* and no rights to the invention are held by any person, other than the inventor, who would not qualify as a person under 37 C.F.R. § 1.27(a)(1), if that person made the invention, or by any concern which would not qualify as a small business concern under 37 C.F.R. § 1.27(a)(2) or a nonprofit organization under 37 C.F.R. § 1.27(a)(3).

*NOTE: Separate statements are required from each named person, concern or organization having rights to the invention as to their status as small entities. (37 C.F.R. § 1.27)

Each such person, concern or organization having any rights in the invention is listed below:

No such person, concern, or organization exists.
 Each such person, concern or organization is listed below.

Name _____

Address _____

INDIVIDUAL SMALL BUSINESS CONCERN NONPROFIT ORGANIZATION

Name _____

Address _____

INDIVIDUAL SMALL BUSINESS CONCERN NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small business entity is no longer appropriate. (37 C.F.R. § 1.28(b))

NOTE: "The presentation to the Office (whether by signing, filing, submitting, or later advocating) of any paper by a party, whether a practitioner or non-practitioner, constitutes a certification under § 10.18(b) of this chapter. Violations of § 10.18(b)(2) of this chapter by a party, whether a practitioner or non-practitioner, may result in the imposition of sanctions under § 10.18(c) of this chapter. Any practitioner violating § 10.18(b) may also be subject to disciplinary action. See §§ 10.18(d) and 10.23(c)(15)." 37 C.F.R. § 1.4(d)(2).

Name of Person Signing Michael Milbocker

Title of Person if Other Than Owner President

Address of Person Signing 110 Washington, Holliston, MA 01746

SIGNATURE Milbocker

Date 8/14/01